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STAKEHOLDER PERCEPTION ON FACTORS INCLUENCING NGO COLLABORATION WITH GOVERNMENT IN FAMILY HEALTH EDUCATION IN THE TEMA METROPOLIS OF THE GREATER ACCRA REGION OF GHANA

John-Engelbert Seddoh

Senior Lecturer, School of Business, University of Cape Coast, Ghana

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ABSTRACT

The purpose of this study was to determine stakeholder perception on factors influencing collaboration between Governmental Organizations (GOs) and Nongovernmental Organizations (NGOs) based on organizations sampled from the Tema Metropolis in Ghana. Using descriptive analysis, the study identified the key factors that facilitate successful collaboration between NGOs and GOs to include frequent communication, a good purpose and a favourable policy environment along with the roles and responsibilities that characterize an effective collaboration. It recommends guidelines for implementation of collaboration projects to include the adoption of joint monitoring and evaluation teams and the signing of MoUs to cover projects.

INTRODUCTION

The need for effective provision of family health education (FHE) in developing countries seeks to provide knowledge, skills, attitudes and values conducive to good health (Ministry of Health [MOH], 2001). According to the World Bank, (2000) health and nutrition have long-run effects on productivity and output because they influence children's ability and motivation to learn. Also diseases and malnutrition in infancy retard mental development, while illness and temporary hunger reduce children's ability to concentrate and keep them away from school. In the case of Ghana, UNICEF (2011) reported infant mortality to be 78 per 1000 children; life expectancy was 64 years and neonatal mortality rate 30%. Ghana's maternal mortality rate was estimated at 450 per 1000 but the total fertility rate was 4 births per female of child bearing age. The report further indicated only 86% of the Ghanaian population has access to improved drinking water sources, 14% get adequate sanitation, and 39% of under-5 years children are sleeping under treated mosquito nets as protection against malaria. In most developing countries, health care provision is the primary responsibility of government through the Ministry of Health.

****Corresponding author: John-Engelbert Seddoh,***
Senior Lecturer, School of Business, University of Cape Coast, Ghana.

Effective development requires collaboration among different levels of government, the private sector, donor groups and civil society (World Bank, 2000). A comprehensive strategy is simply too demanding for any government or for a single donor. However, since governments are not able to adequately provide FHE to all people, other stakeholders such as NGOs are also involved. In Ghana, FHE is under the jurisdiction of the Ministry of Health (MOH, 2001) but its implementation is through the Ghana Health Service which is the government organization (GO) responsible. FHE is also undertaken by other social partners in the private and NGO sectors. Providers of health education in the public sector are directly under the control and management of the Ministry of Health while those in NGOs are indirectly under the control of the Ministry of Health. Providers of FHE in Ghana need to collaborate to be able to achieve the ever increasing health needs of Ghana as NGOs have become vital players in the field of international development (Clark, 1999). The success of these collaborations depends deeply on information flow among various partners. Clark (1999) has reported a rapid growth in the NGO sector within developing countries such that there are an estimated 18,000 registered NGOs in the Philippines, 3,000 in Brazil while in India, registered NGOs handle 25 percent of all external aid to the country which sums up to $520 million per year.

According to the Ghana Health Service (2010), the percentage recurrent budget from government of Ghana and health fund allocated to NGOs, Civil Society Organizations (CSOs), the private sector and other Ministries, Departments and Agencies (MDAs) in the years 2003 and 2004 was 1.6% and 1.8% respectively.The non-profit sector has also grown to occupy a significant proportion of the landscape in industrialized countries. Studies reveal that the non-profit sector was estimated at a staggering $1,311 billion in the world's five largest economies (the G5 countries; France, Germany, Japan, the United Kingdom, and the United States) for 1995 (Salamon and Anheier, 1998). This is approximately the same as the publicly guaranteed debt of all developing countries and the same as the Gross Domestic Product (GDP) of the United Kingdom

The existence of a vibrant non-profit sector is increasingly being viewed not as a luxury, but as a necessity for people throughout the world. NGOs help to give expression to citizen concerns, hold governments accountable, promote community, address unmet needs, and generally help to improve the quality of life. Moreover, their resources are largely additional and they complement the development efforts of governments. They also act in response to failures within both the public and private sectors (Salamon and Anheier, 1998; Bratton 1990). Therefore, to address this gap, the study sought to determine stakeholder perception on factors influencing collaboration between NGOs and GOs in the provision of Family Health Education within the Tema Metropolis of the Greater Accra Region of Ghana.

METHODOLOGY

Sample and Sampling Procedure

The target populations of the study were the public and NGO organizations which provide family health education in the Tema Metropolis. Key personnel from all the government health care and service providing organisations in the metropolis and NGOs that are registered with the metropolitan health directorate were randomly selected for the study. From the accessible population, a simple random sampling was employed and the lottery system used to select thirty (30) respondents each from the GOs and NGOs. This was to enable every individual in the target population have an equal chance of being selected. This resulted in a combined total of sixty (60) respondents.

RESULTS AND DISCUSSION

Core Missions of the Collaborated Organisations

Table 1 presents the core missions of GOs. From the table, it can be seen that twenty seven (27) of the responses representing 90.0% indicate the provision of healthcare services as the core mission of their organisations. The next most listed is the supervision and regulation of healthcare in the metropolis and the engagement in educational activities which notes 56.7% of the responses.

Others recorded included providing supports for healthcare (43.3%), the training and continuing education of health providers (16.7%) and policy/programme implementation (10.0%). Table 2 shows the core missions of the NGOs that were used for the study. The most selected among them is the provision of education on behaviour changes. Thirteen (13) of the responses representing 43.3% indicate that their NGOs provide education on behaviour changes. The provision of health materials and services in terms of funding and materials support among others accounts for 36.7% of responses while the promotion of health interventions represented 10% of the total responses. Influencing health policy and the provision of HIV and sexually transmitted infections prevention, care and support constitute 26.7% each of total responses in achieving their goals and objectives. This is because internal structures and processes are important factors in determining whether, when and how collaboration can successfully be developed (Huxham, 1993).

These findings from Table 1 and Table 2 corroborate the presentation of Kamara (2011) who reported that GOs run programs through the management and coordination of a group of related projects with appropriate strategies and technical guidelines to achieve national health policy goals and objectives. NGOs however run projects with a set of coordinated activities with deadlines to achieve objectives conforming to specific requirements that support programmes to obtain target benefits. This also agrees with the findings of Campbell (1992) who asserts that mission statements are designed to inspire and motivate organizational members to higher levels of performance to provide them with a sense of mission. Campbell and Yeung (1991) have in further findings established that mission statements guide resource allocation in a consistent manner; and help to create a balance among the competing and often conflicting interests of various organizational stakeholders.

Family Health Education Programmes

Table 3 shows the family health related education programmes that the GOs and NGOs undertake together. The results reveal that STD and Health education were undertaken by majority of the organizations. Twenty seven of the responses representing forty-five (45%) of the respondents indicated that their organizations were undertaking STD and reproductive health education programmes. The second most acknowledged family health education programme is the antenatal/postnatal services. Twenty-five of the responses representing (41.7%) showed that their respective organizations were undertaking antenatal/postnatal services. HIV/AIDS came in third as indicated by 33.3% of the respondents.

This was jointly followed by family planning and malaria programmes at 26.7%. The least among the family related education programmes was immunization which accounts for only 15% of the total number of responses. Some FHE programs listed in the Ghana Health Service programs manual including tuberculosis control, environmental hygiene, alcohol abuse, drug abuse, nutrition, oral and mental health attracted no NGO collaboration partners for projects. The spread of programmes undertaken by the organization corroborates the findings of Antwi (2008) which states that health education activities should emphasize specific priority health issues

including family planning, disease control, immunization, malaria, acute respiratory infections, diarrhea, environmental sanitation, nutrition, oral and mental health and campaigns for healthy life styles.

The other roles or responsibilities of the governmental organizations are Training Health Personnel (53.3%), Infection Testing and Prevention (50%) and Information Management (23.3%).

Table 1. Core Mission of GOs

Core Mission of GOs	Number of Respondents	Frequency	Percent (%)
Provision of Healthcare Services	30	27	90.0
Supervision and Regulation	30	17	56.7
Engaging in Educational Activities	30	17	56.7
Providing Support for Healthcare	30	13	43.3
Training Health Providers	30	5	16.7
Policy/Programme Implementation	30	3	10.0

Source: Fieldwork, 2014.

Table 2. Core Mission of NGOs

Core Mission of NGOs	Number of Respondents	Frequency	Percent (%)
Education on Behaviour Changes	30	13	43.3
Provision of Health Materials/Services	30	11	36.7
Promotion of Health Interventions	30	10	33.3
HIV/STI Prevention, Care and Support	30	8	26.7
Influencing Health Policy	30	8	26.7

*Multiple responses table. Source: Fieldwork, 2014.

Table 3: Family Health Education Programmes

Family Health Education Programmes	Number of Respondents	Frequency	Percent (%)
STD/Reproductive Health Education	60	27	45.0
Post/Antenatal Services	60	25	41.7
HIV/AIDS	60	20	33.3
Family Planning	60	16	26.7
Malaria	60	16	26.7
Immunization	60	9	15.0

*Multiple responses table Source: Fieldwork, 2014.

Table 4. GOs Role/Responsibilities

GO Role/Responsibilities	Number of Respondents	Frequency	Percent (%)
Technical Assistance	30	21	70.0
Healthcare Delivery Services	30	20	66.7
Regulation and Monitoring	30	19	63.3
Training Health Personnel	30	16	53/3
Infection Testing Prevention	30	15	50.0
Information Management	30	7	23.3

*Multiple responses table Source: Fieldwork, 2014.

Table 5. NGOs Role/Responsibilities

NGO Role/Responsibilities	Number of Responses	Frequency	Percent (%)
Project Implementation	30	28	93.3
Providing Material Support	30	22	73.3
Funding	30	13	43.3
Programme Development	30	8	26.7
Data Gathering	30	5	16.7
Monitoring and Evaluation	30	4	13.3

*Multiple responses table Source: Fieldwork, 2014.

GOs Role/Responsibilities in the Collaboration

Table 4 shows governmental organizations roles or responsibilities in the collaboration. Twenty one (21) of the responses show that organizations major role was to provide technical assistance. Twenty (20) of the responses forming 66.7% agreed that Healthcare Delivery Services is the second common role of the government organizations. Regulation and Monitoring of health projects which constitutes 63.3% is the third most common role of the government organizations.

The Metropolitan Health Directorate however has a record of only 41 out of the 87 NGOs operating in the Health sector in the provision of FHE programmes as having registered with them. Ochido, Gitonga and Kaburu (2007) have stated in their findings that government organizations have the technical capacity and the mandate of the people and it is the custodian of national policy. Mostert (1998) also described the terms “consultant”, “cooperation” and “coordination” as components of collaboration practice.

Table 6. Main Reasons for Collaboration

Reasons for Collaboration	Frequency	Percent (%)
Donor Requirement	24	40
Policy Requirement	21	35
Interactive Initiative	9	15
Non Response	6	10
Total	60	100

Source: Fieldwork, 2012.

Table 7. Benefits of Collaboration to GOs

Benefits to GOs	Number of Respondents	Frequency	Percent (%)
Material Support	30	19	63.3
Funding Support	30	14	46.7
Educational and Training Support	30	13	43.3
Coordination and Monitoring	30	12	40.0
Improving Trust and Communication	30	12	40.0
Access to Data/Information Sharing	30	10	33.3

*Multiple responses table Source: Fieldwork, 2014.

Table 8. Benefits of Collaboration to NGOs

Benefits to NGOs	Number of Responses	Frequency	Percent (%)
Training and Technical Support	30	16	53.3
Recognition and Legitimacy	30	14	46.7
Capacity Building	30	14	46.7
Access to Data and Information Sharing	30	11	36.7
Funding Support	30	9	30.0
Resource Support	30	7	23.3
Advocacy Support	30	2	6.7

*Multiple responses table Source: Fieldwork, 2014.

Table 9. Factors Facilitating NGO and GO Collaboration

Factors Facilitating Collaboration	Frequency	Percent (%)
Communication	16	26.7
Programme Purpose	13	21.7
Policy Environment	12	20.0
Resources and Incentives	9	15.0
Stakeholder Interest/Pressure	7	11.7
Structure and Process	3	5.0
Total	60	100

*Multiple responses table Source: Fieldwork, 2014.

Table 10: Strategies that Improve Collaboration

Strategies that can Improve Collaboration	Number of Responses	Frequency	Percent (%)
Parity and Participative Decision Making	60	22	36.7
Shared Vision/Objectives	60	18	30.0
Open and Frequent Communication	60	14	23.3
Trust and Respect	60	11	18.3
Shared Leadership	60	9	15.0
Commitment/Mutual Understanding	60	9	15.0
Organisational Achievement	60	8	13.3
Stakeholder Involvement	60	7	11.7

*Multiple responses table Source: Fieldwork, 2014.

The government therefore provides technical support to NGOs in the collaboration. Kalis (2000) also stated that government has a responsibility to ensure that there is the required delivery of services within legislative and policy frameworks. GOs therefore have the primary responsibility to facilitate and direct the design and implementation of service programs. He further presents that by virtue of its governing responsibility, the government has the role of approving, monitoring, and evaluating the service programs of NGOs.

NGOs Role/Responsibilities in the Collaboration

Table 5 is a multiple response type and indicates the NGOs roles or responsibilities in collaboration. The table reveals that Project Implementation is the most common role among the NGOs. Twenty eight (28) of the responses representing 93.3% indicated that project implementation in collaboration are their organization role. The second most common role of the NGOs is providing material support. Twenty two (22) of the responses representing 73.3% of the respondents indicated that one of the major roles of their organization is providing

material support. The third most common role of the NGOs is funding which constitutes 43.3% of the responses. The other major roles of the respondents' organization in order of popularity are program development (26.7%, data gathering (16.7%) and monitoring and evaluation (13.3%) among others. Kalis (2000) also corroborates the role of NGOs in collaboration by presenting that they deliver services efficiently and effectively within the framework of Government policies, and strategies consulted and negotiated between NGOs and Government. They also work in partnership with Government to achieve common aims and objectives and are accountable to Government for their policies and service programmes. They further state that NGOs have the role to ensure the co-ordination of their own services and engage Government in discussions on the co-ordination of services between the Government and NGOs. The NGO sector, through representative structures is therefore accessible to the Government for purposes of joint planning, information sharing and decision making.

Reasons for Collaboration

Table 6 shows responses to the major reasons for the collaboration. The most significant reason for the collaborations was as a result of the donor requirements. This means that for the organizations studied, there is a requirement that makes them work with each other. Twenty-four (24) of the respondents representing 40% revealed that donor requirement was a major reason behind their collaboration. Many donors require that beneficiaries of funds collaborate with other organizations to avoid duplications and leverage their resources. Policy requirement constitutes 35% of the reasons for collaboration between organizations. Policy requirement is the system of laws, regulatory measures, courses of action, and funding priorities promulgated by government to regulate the activities of NGOs. Interactive initiative also constituted 15% of the reasons given by the respondents. This results from dialogue between NGOs and GOs to work together on an FHE project. Six (6) of the respondents representing 10% did not indicate their organization's major reasons for collaboration. The results support the findings of Hill and Lynn (2003) who reported that characteristics of organizations which reflect resource dependency motivations such as donor requirement tend to explain participation in collaboration relationships relatively more often than do variables that reflect rational choice and socialized choice.

Benefits of Collaboration

Table 7 presents the benefits of collaboration to government organizations. The most outstanding benefit among all these is being the benefit of material support from partner NGOs. Nineteen (19) of the responses representing 63.3% responded that their organizations received material support from NGOs as a result of the collaboration. The next most common benefits to the GOs was receiving funding support from the NGOs which formed 46.7% of the responses. Receiving educational and training support for programmes formed 43.3% of the responses. The other benefits include coordination and monitoring (40.0%), improving trust and communication (40.0%) and access to data/information sharing (33.3%).

Benefits of Collaboration to NGOs

Table 8 presents the benefits of collaboration to NGOs. The most outstanding benefits to NGOs are training and technical support which constitutes 53.3% of responses. The next most common benefits from collaboration with GOs included recognition and legitimacy and capacity building with each constituting 46.7% of the responses. Other benefits are; access to data and information sharing (36.7%), obtaining funding support (30.0%) and resource support (23.3%). The results corroborate the findings of Mattessich et al. (2001) who reported that collaboration benefits organizations to provide better services to their clients and respond to crisis. The unified set of services helps to improve a system, reduces expenses for functions through the provision of training, technology and support services and satisfies the requirement of funders and other authorities.

Factors Facilitating Collaboration between NGOs and GO

Table 9 indicates the key factors that contribute towards the sustenance of collaboration between NGOs and GOs. Six major factors were identified, each of which was acknowledged by the majority of respondents. Communication was identified by 26.7% of the respondents as the most important factor that needs to be looked at. The program purpose or aim for the collaboration that enables organizations solve related problems was identified as the second key factor that has contributed to maintaining the collaboration and formed 21.7%.

The policy environment for collaboration was identified as the third key factor. Among other factors are; making available resources and incentives (15%), stakeholder interest/pressure (11.7%), and structure and process which represented 5% of the respondents' views. The results corroborate the findings of Mattessich et al. (2001) who specify a list of factors necessary for successful collaboration that includes mutual understanding and respect, informal and personal relationships, open and frequent communication, shared vision, concrete and attainable goals, flexibility and adaptability, and a favourable political and social climate which they said are of particular importance. This is strengthened by Prefontiane, Ricard, Sicotte, Turcotte and Dawes (2000) who reported that successful collaboration presupposes the existence of two crucial factors: compliance with government interests, and complementarity of parties in terms of resources and expertise.

Gray (2002) also identifies a set of principles that underpin successful collaboration, including: understanding the roles and responsibilities, and appreciating the values and skills of each other; recognizing legal obligations and financial constraints; and acknowledging the policy implications of relevant issues. In the opinion of Gray (1989), the success of collaboration depends on the existence of mechanisms including ground rules concerning power sharing and communication, mutual empowerment and collective action, provisions for resolving unanticipated conflicts and signals indicating perceived breaches of faith. Gibbs (1999) refer to several mechanisms that contribute to the success of collaboration to include: efficient accountable and transparent organizational structures; standardized procedures; sufficient

funds, staff, materials and time; participative decision making; competent leadership; realistic time frames; and a safe, non-threatening work environment.

Conclusion and Recommendation

The study sought to determine stakeholder perception on factors influencing collaboration between NGOs and GOs in the provision of Family Health Education within the Tema Metropolis in the Greater Accra Region of Ghana. The study posits that there is a weak form of collaboration between NGOs and GOs in the provision of FHE programmes in the area of STD and reproductive health education, antenatal and postnatal services, HIV/AIDS, family planning, malaria and immunization programmes. Some FHE programmes like tuberculosis control, environmental sanitation, alcohol abuse, and drug abuse, and nutrition, oral and mental health had little attraction to NGO collaboration partners. Also, NGO roles in collaboration with GOs were revealed to be the delivery of FHE projects within the framework of government programs. They generally design their own projects with donors in focus to attract funding but work with GOs to implement the projects. The monitoring and evaluation of projects which is supposed to be a regulatory function of GOs was also identified to be undertaken by NGOs with final reports forwarded to the GOs.

In addition, interaction between partners was mostly formal with NGOs adhering strictly to rules that govern their operations with GOs to achieve project objectives. Decision-making processes, communication strategies, planning and financial management of projects were however found to be done mostly by NGOs. Besides, for GOs, collaboration helps to attract more materials, funding, educational and training support for programmes from NGOs. It also improves coordination and monitoring duties of GOs while improving trust and access to health data with the partner NGOs. Again, improving communication, programme objectives and the policy environment were all identified as factors facilitating collaboration. The availability of resources and incentives, stakeholder interest or pressure, structure and process were also identified as ways to facilitate collaboration between GOs and NGOs.

In view of the findings of the study and conclusions drawn, the following recommendations were made: Collaboration should be strengthened through the active involvement of heads of health institutions and NGOs in the provision of FHE programmes. Stakeholders such as philanthropists, CSOs and government should help provide funding for FHE programmes that receive little support such as tuberculosis control, environmental sanitation, nutrition, oral and mental health. Also, directors at the Metropolitan Health Directorate should be proactive by moving beyond mandate into the design and implementation of projects to achieve programme goals. Again, monitoring and evaluation of projects should be regular but undertaken by both NGOs and GOs. Finally, informal interaction methods should be encouraged between heads of health institutions in the metropolis and NGOs to improve rapport. Heads of health institutions should be actively involved during decision making processes, planning and the financial management of collaboration projects.

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